BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

2185-6554 P.SD

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			15				li	RATE	FEE	1	RATE	FEE
FOR NUMBER FILED				ILED	NUMB	BER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS minus 20				us 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 =				*			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT						V		+135=		OR	+270=	270
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TOTAL		OR	TOTAL	980
CLAIMS AS AMENDED - PART					T II			IOIAL		l'On	OTHER	
(Column 1) (Colu					nn 2)	(Column 3)		SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 19	Minus	** 🚽		=		X\$ 9=		OR	X\$18=	
	Independent	. /	Minus	***		= -		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						1	+135=		ÖR	+270=	
				;			L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)	(Column 3)									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	, , , , , , , , , , , , , , , , , , ,	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]=		X40=	5	OR	X80=	
L	FIRST PRESE	NTATION OF MI	JUIPLE DEP	ENDENI	CLAIM		┚╏	+135=		OR	+270=	
				-			L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)		-				*,* .
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	↓ ↾	X40=		OR	X80=	10
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		┛┞	+135=		OR	+270=	
**	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er fou	nd in the app	ropriate box	in co	lumn 1.	